

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/069240**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	3	↓		↓		↓
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TOTAL CLAIMS	17					

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TOTAL IND.		↓		↓		↓
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy